



SUPPLEMENTAL
APPLICATION DATA SHEET

Application Information

Application Number::	10/792,273
Filing Date::	March 4, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title Line One::	Improved Bioavailability and Improved Delivery
Title Line Two::	of Alkaline Pharmaceutical Drugs
Attorney Docket Number::	59210.000046
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Government Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Application?::	No

Applicant Information

Applicant One Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant One Given Name:: Ruey
Middle Name:: J.
Family Name:: Yu
Name Suffix::
City of Residence:: Chalfont
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address Line One:: 655 Stump Road
Street of Mailing Address Line Two::
City of Mailing Address:: Chalfont
State or Province of Mailing Address:: PA
Country of Mailing Address:: US
Postal or Zip Code:: 18914

Applicant Two Authority Type:: Inventor
Primary Citizenship:: US
Country:: US
Status:: Full Capacity

Applicant Two Given Name:: Eugene
Middle Name:: J.
Family Name:: Van Scott

Name Suffix::
City of Residence:: Abington
State or Province of Residence:: PA
Country of Residence:: US
Street of Mailing Address Line One:: 3 Hidden Lane
Street of Mailing Address Line Two::
City of Mailing Address:: Abington
State or Province of Mailing Address:: PA
Country of Mailing Address : US
Postal or Zip Code:: 19001

Correspondence Information

Correspondence Customer No.: 21967

Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address:

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::

Telephone Number::

Facsimile Number::

E-Mail Address::

Representative Information

Representative Customer Number: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	An application claiming the benefit under 35 USC 119(e)	60/452,557	03/07/2003

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::